

HEALTHSOUTH HOME CARE  
8074 SOUTH 1300 EAST  
SANDY UT 84094  
STATE'S REGION CODE: 001

PROVIDER #: 467077  
PHONE NUMBER: (801) 565-6687  
PARTICIPATION DATE: 04/13/1994

TYPE ACTION: RECERTIFICATION  
TYPE FACILITY: HOSPITAL BASED P  
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
11/1997	11/2000	07/2003	01/06/2005	

PROGRAM REQUIREMENTS

X STD G0104-PATIENT HAS RIGHT TO EXERCISE RIGHTS AS PATIENT OF HHA

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	0	0	0	1
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	0	0	1

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

COMPLAINT SURVEY INFORMATION

\* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY